



City of Long Beach
DEPARTMENT OF HUMAN RESOURCES
REQUEST FOR REIMBURSEMENT OF LOST OR
DAMAGED PERSONAL PROPERTY

COMPLETED BY EMPLOYEE

INSTRUCTIONS: Complete this side of the form, sign on the reverse side, ATTACH ORIGINAL RECEIPTS SHOWING YOU HAVE REPAIRED OR REPLACED THE ITEM, and present it to your supervisor or department head within 30 days of loss.

SECTION I

NAME: _____ SOCIAL SECURITY #: ____/____/____/

TITLE: _____ DEPT/BUR/DIV: _____

DAYTIME PHONE #: _____ DATE OF LOSS: _____

SUPV. NOTIFIED: DATE _____ TIME _____ DATE OF REPLACEMENT: _____

DESCRIBE ITEM(S) NEEDING REPLACEMENT OR REPAIR (INCLUDE BRAND): _____

MO/YEAR OF PURCHASE: _____ ORIGINAL COST: \$ _____

COST TO REPLACE/REPAIR: \$ _____

SECTION II

Describe the incident, attaching Industrial Accident, Arrest, or Incident Reports: _____

SECTION III

Describe the damage: _____

Were there any witnesses to the incident? _____ Yes _____ No

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

SECTION IV

Amount reimbursed from other source (health insurance, etc.): \$ _____

NOTE TO EMPLOYEE: PLEASE READ POLICY FOR DEADLINES AND RESTRICTIONS. HUMAN RESOURCES STAFF REVIEWING THIS CLAIM WILL STRICTLY ADHERE TO ALL GUIDELINES.

EMPLOYEE CERTIFICATION

I certify that the information on this form is an accurate account of an incident that resulted in damage or loss to my personal property through no fault of my own while engaged in official duties. I agree to accept payment in the amount determined as reimbursable by the Department of Human Resources and hereby subrogate my rights of recovery for damage to my property from any liable persons to the City of Long Beach. I agree to reimburse the City the amount paid to me under this source. I understand that any intentional misstatement by me in connection with this claim may constitute grounds for dismissal from City service.

EMPLOYEE SIGNATURE

DATE

COMPLETED BY EMPLOYEE'S DEPARTMENT

ENDORSEMENT BY THE DEPARTMENT HEAD

This report of damaged or lost personal property has been investigated to my satisfaction and is:

☐ APPROVED

☐ DENIED

REMARKS: _____

SIGNATURE OF DEPARTMENT HEAD OR DESIGNEE

DATE

COMPLETED BY HUMAN RESOURCES DEPARTMENT

ENDORSEMENT BY DEPARTMENT OF HUMAN RESOURCES

This report of damaged or lost personal property has been reviewed and is:

☐ APPROVED

AMOUNT APPROVED \$ _____

☐ DENIED

REMARKS: _____

DIRECTOR OF HUMAN RESOURCES or DESIGNEE

DATE